

MEDICAL ECONOMICS  
THOMSON HEALTHCARE

## REDBOOK Product Listing Verification

Medical Economics - 5 Paragon Drive - 07645-1742  
(201) 358-2228 Fax (201) 722-2666

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VENTIS PHARMACEUTICALS  
9 INTERPACE PARKWAY  
D. BOX 663  
RSIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

DCB# / UPC CAT. NO. ADA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	OBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
88-1102-47	ALLEGRA CAP PO 60 MG 100 EA FEXOFENADINE HYDROCHLORIDE	01		RX		103.38		86.15		1/26/00
88-1102-49	ALLEGRA CAP PO 60 MG 100 EA FEXOFENADINE HYDROCHLORIDE	01		RX	1	103.38		86.15		1/26/00
88-1102-55	ALLEGRA CAP PO 60 MG 500 EA FEXOFENADINE HYDROCHLORIDE	01		RX		517.02		430.85		1/26/00
88-1106-47	ALLEGRA TAB PO 30 MG 100 EA FEXOFENADINE HYDROCHLORIDE	01		RX		51.72		43.10		6/1/00
8-1107-47	ALLEGRA TAB PO 60 MG 100 EA FEXOFENADINE HYDROCHLORIDE	01		RX		103.38		86.15		6/1/00
8-1109-47	ALLEGRA TAB PO 180 MG 100 EA FEXOFENADINE HYDROCHLORIDE	01		RX		206.76		172.30		2/28/00
8-1090-47	ALLEGRA-D TER PO 60 MG-120 MG 100 EA FEXOFENADINE HCL/PSEUDOEPH	01		RX		115.62		96.35		1/26/00
8-1090-49	ALLEGRA-D (BUSTER PACK) TER PO 60 MG-120 MG 100 EA FEXOFENADINE HCL/PSEUDOEPH	01		RX	1	115.62		96.35		1/26/00
8-1090-55	ALLEGRA-D TER PO 60 MG-120 MG 500 EA FEXOFENADINE HCL/PSEUDOEPH	01		RX		578.22		481.85		1/26/00
0221-10	AMARYL TAB PO 1 MG 100 EA GLIMEPIRIDE	01		RX		25.44		21.20		1/26/00
0222-10	AMARYL TAB PO 2 MG 100 EA GLIMEPIRIDE	01		RX		41.22		34.35		1/26/00

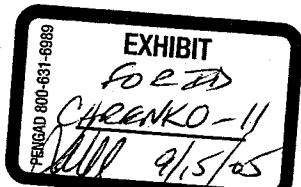
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Exhibit D



MEDICAL ECONOMICS  
THOMSON HEALTHCARE

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Medical Economics - 5 Paragon Drive - 07645-1742  
(201) 358-2228 Fax (201) 722-2666

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
P. BOX 663  
ARLIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

PCN/CHRI/UPC CAT NO. NDA / ANDA Status	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM, ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
039-0222-11 CA	AMARYL TAB PO 2 MG 100 EA GLIMEPIRIDE	01		RX	1	41.22			34.35	1/25/00
039-0223-10 SA	AMARYL TAB PO 4 MG 100 EA GLIMEPIRIDE	01		RX		77.76			64.80	1/25/00
039-0223-11 A	AMARYL TAB PO 4 MG 100 EA GLIMEPIRIDE	01		RX	1	77.76			64.80	1/25/00
388-1202-05 A	ANZEMET TAB PO 50 MG 5 EA DOLASETRON MESYLATE	01		RX		276.54			230.45	1/26/00
388-1202-29 A	ANZEMET (BLISTER PACK,1X5) TAB PO 50 MG 5 EA DOLASETRON MESYLATE	01		RX		276.54			230.45	1/26/00
388-1202-43 A	ANZEMET TAB PO 50 MG 10 EA DOLASETRON MESYLATE	01		RX	1	553.14			460.85	1/26/00
388-1203-05 A	ANZEMET TAB PO 100 MG 5 EA DOLASETRON MESYLATE	01		RX		366.54			305.45	1/26/00
388-1203-29 A	ANZEMET (BLISTER PACK,1X5) TAB PO 100 MG 5 EA DOLASETRON MESYLATE	01		RX		366.54			305.45	1/26/00
388-1203-43 A	ANZEMET TAB PO 100 MG 10 EA DOLASETRON MESYLATE	01		RX	1	733.08			610.90	1/26/00
388-1206-32	ANZEMET (S.D.V.) INJ IJ 20 MG/ML 5.00 ml EA DOLASETRON MESYLATE	01		RX		166.50			138.75	1/26/00
8-2160-30	ARAVA TAB PO 10 MG 30 EA LEFLUNOMIDE	01		RX		244.80			204.00	9/15/98

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
O. BOX 663  
MORRISVILLE, NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

DCBHR/UPC CAT NO. VDA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBG	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
088-2161-30	ARAVA TAB PO 20 MG 30 EA LEFLUNOMIDE	01		RX		244.80		204.00		9/15/98
088-2162-03	ARAVA (BLISTER PACK) TAB PO 100 MG 3 EA LEFLUNOMIDE	01		RX		122.40		102.00		9/15/98
75-0060-37	AZMACORT ARD IH 100 MCG/INH 20.00 gm 1 EA TRAMCINOLONE ACETONIDE	01		RX		53.18		44.32		9/6/99
58-0120-61	BENTYL CAP PO 10 MG 100 EA DICYCLOMINE HYDROCHLORIDE	01	AB	RX		30.78		25.65		1/26/00
58-0123-61	BENTYL TAB PO 20 MG 100 EA DICYCLOMINE HYDROCHLORIDE	01	AB	RX		43.92		36.60		1/26/00
58-0125-16	BENTYL SYR PO 10 MG/5 ML 480.00 ml 1 EA DICYCLOMINE HYDROCHLORIDE	01		RX		34.20		28.50		1/26/00
8-0809-23	BENTYL (AMP) INJ IJ 10 MG/ML 2.00 ml 5 EA DICYCLOMINE HYDROCHLORIDE	01	AP	RX		78.96		65.80		1/26/00
8-0810-61	BENTYL (VIAL) INJ IJ 10 MG/ML 10.00 ml 1 EA DICYCLOMINE HYDROCHLORIDE	01	AP	RX		50.40		42.00		1/26/00
3-0037-01	CANTIL TAB PO 25 MG 100 EA MEPEZOLATE BROMIDE	01		RX		97.86		81.55		1/26/00
3-1700-15	CARAFATE SUS PO 1 GM/10 ML 414.00 ml 1 EA SUCRALFATE	01		RX		37.02		30.85		1/26/00
-1712-25	CARAFATE TAB PO 1 GM 3,000 EA SUCRALFATE	01	AB	RX		2,582.28		2,151.90		1/26/00

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MEDICAL ECONOMICS  
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VENTIS PHARMACEUTICALS  
19 INTERPACE PARKWAY  
O. BOX 663  
WRSIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

DCI/RI/UPC CAT NO. IND/ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBG	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
88-1712-47	CARAFATE TAB PO 1 GM 100 EA SUCRALFATE	01	AB	RX		88.68		73.90		1/26/00
88-1712-49	CARAFATE TAB PO 1 GM 100 EA SUCRALFATE	01	AB	RX	1	102.90		85.75		1/26/00
88-1712-53	CARAFATE TAB PO 1 GM 120 EA SUCRALFATE	01	AB	RX		108.36		90.30		1/26/00
88-1712-55	CARAFATE TAB PO 1 GM 500 EA SUCRALFATE	01	AB	RX		430.26		358.55		1/26/00
88-1771-47	CARDIZEM TAB PO 30 MG 100 EA DILTIAZEM HYDROCHLORIDE	01	AB	RX		52.80		44.00		1/26/00
88-1771-55	CARDIZEM TAB PO 30 MG 500 EA DILTIAZEM HYDROCHLORIDE	01	AB	RX		259.50		216.25		1/26/00
8-1771-90	CARDIZEM TAB PO 30 MG 5,000 EA DILTIAZEM HYDROCHLORIDE	01	AB	RX		2,595.66		2,163.05		1/26/00
9-1772-47	CARDIZEM TAB PO 60 MG 100 EA DILTIAZEM HYDROCHLORIDE	01	AB	RX		82.86		69.05		1/26/00
9-1772-55	CARDIZEM TAB PO 60 MG 500 EA DILTIAZEM HYDROCHLORIDE	01	AB	RX		406.86		339.05		1/26/00
9-1772-90	CARDIZEM TAB PO 60 MG 5,000 EA DILTIAZEM HYDROCHLORIDE	01	AB	RX		4,069.74		3,391.45		1/26/00
-1789-17	CARDIZEM (LYO-JECT, 5 MG/ML, 6X5 ML) PDI IJ 25 MG 6 EA DILTIAZEM HYDROCHLORIDE	01		RX		153.84		128.20		1/26/00

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VENTIS PHARMACEUTICALS  
9 INTERPACE PARKWAY  
P. BOX 663  
SPRINTON, NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

CCN/UPC CAT NO. ICN/ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBC	DEA	IUD	AWP	DIRP	WAC	SRP	Effective Date
38-1790-32	CARDIZEM (VAL) INJ IJ 5 MG/ML 5.00 ml 6 EA DILTIAZEM HYDROCHLORIDE	01	AP	RX		89.22		74.35		1/26/00
38-1790-33	CARDIZEM (VAL) INJ IJ 5 MG/ML 10.00 ml 6 EA DILTIAZEM HYDROCHLORIDE	01	AP	RX		165.36		137.80		1/26/00
38-1791-47	CARDIZEM TAB PO 90 MG 100 EA DILTIAZEM HYDROCHLORIDE	01	AB	RX		116.52		97.10		1/25/00
38-1792-47	CARDIZEM TAB PO 120 MG 100 EA DILTIAZEM HYDROCHLORIDE	01	AB	RX		152.52		127.10		1/26/00
38-1795-30	CARDIZEM CD CER PO 120 MG 30 EA DILTIAZEM HYDROCHLORIDE	01	AB3	RX		39.24		32.70		1/26/00
38-1795-42	CARDIZEM CD CER PO 120 MG 90 EA DILTIAZEM HYDROCHLORIDE	01	AB3	RX		115.20		96.00		1/26/00
3-1795-49	CARDIZEM CD CER PO 120 MG 100 EA DILTIAZEM HYDROCHLORIDE	01	AB3	RX	1	127.68		106.40		1/26/00
3-1796-30	CARDIZEM CD CER PO 180 MG 30 EA DILTIAZEM HYDROCHLORIDE	01	AB3	RX		48.54		40.45		1/26/00
3-1796-42	CARDIZEM CD CER PO 180 MG 90 EA DILTIAZEM HYDROCHLORIDE	01	AB3	RX		139.02		115.85		1/26/00
-1796-49	CARDIZEM CD CER PO 180 MG 100 EA DILTIAZEM HYDROCHLORIDE	01	AB3	RX	1	153.60		128.00		1/26/00
-1796-90	CARDIZEM CD CER PO 180 MG 5,000 EA DILTIAZEM HYDROCHLORIDE	01	AB3	RX		7,728.72		6,440.60		1/26/00

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MEDICAL ECONOMICS  
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## REDBOOK Product Listing Verification

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
P.O. BOX 663  
ARLIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

DCBHR/UPC CAT NO. NDA / ANDA Status	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBG	DEA	IUD	AWP	DIRP	WAC	SRP	Effective Date
088-1797-30	CARDIZEM CD	01	AB3	RX		65.82		54.85		1/26/00
CA	CER PO 240 MG 30 EA DILTIAZEM HYDROCHLORIDE									
088-1797-42	CARDIZEM CD	01	AB3	RX		197.22		164.35		1/23/00
CA	CER PO 240 MG 90 EA DILTIAZEM HYDROCHLORIDE									
088-1797-49	CARDIZEM CD	01	AB3	RX	1	218.34		181.95		1/26/00
A	CER PO 240 MG 100 EA DILTIAZEM HYDROCHLORIDE									
088-1798-30	CARDIZEM CD	01	AB3	RX		86.22		71.85		1/25/00
A	CER PO 300 MG 30 EA DILTIAZEM HYDROCHLORIDE									
088-1798-42	CARDIZEM CD	01	AB3	RX		255.60		213.00		1/25/00
A	CER PO 300 MG 90 EA DILTIAZEM HYDROCHLORIDE									
088-1798-49	CARDIZEM CD	01	AB3	RX	1	281.34		234.45		1/26/00
A	CER PO 300 MG 100 EA DILTIAZEM HYDROCHLORIDE									
088-1799-42	CARDIZEM CD	01		RX		278.04		231.70		1/26/00
	CER PO 360 MG 90 EA DILTIAZEM HYDROCHLORIDE									
88-1788-16	CARDIZEM MONOVIAL (S.D.V., GLASS)	01	AP	RX		132.42		110.35		1/26/00
PDI	U 100 MG 3 EA DILTIAZEM HYDROCHLORIDE									
38-1777-47	CARDIZEM SR	01	AB1	RX		97.20		81.00		1/26/00
	CER PO 60 MG 100 EA DILTIAZEM HYDROCHLORIDE									
38-1777-47	CARDIZEM SR	01	AB1	RX		111.06		92.55		1/26/00
	CER PO 90 MG 100 EA DILTIAZEM HYDROCHLORIDE									
38-1779-47	CARDIZEM SR	01	AB1	RX		144.78		120.65		1/26/00
	CER PO 120 MG 100 EA DILTIAZEM HYDROCHLORIDE									

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MEDICAL ECONOMICS  
THOMSON HEALTHCARE

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
O. BOX 663  
MURSIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CRENKO  
Phone Number: 973-394-6000

ICCH/HR/UPC CAT NO.	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	OBG	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
068-0413-16	CEPHULAC A SYR PO 10 GM/15 ML 1.00 pt 1 EA LACTULOSE	01	AA	RX		45.96		38.30		1/26/00
068-0413-64	CEPHULAC A SYR PO 10 GM/15 ML 0.50 ga 1 EA LACTULOSE	01	AA	RX		164.82		137.35		1/26/00
068-0409-08	CHRONULAC A SYR PO 10 GM/15 ML 8.00 oz 1 EA LACTULOSE	01	AA	RX		23.04		19.20		1/26/00
068-0409-32	CHRONULAC A SYR PO 10 GM/15 ML 32.00 oz 1 EA LACTULOSE	01	AA	RX		82.44		68.70		1/26/00
068-0226-30	CLOMID A TAB PO 50 MG 30 EA CLOMIPHENE CITRATE	01	AB	RX		275.76		229.80		1/26/00
75-0514-08	COMBIPATCH TDM TD 0.05 MG-0.14 MG/24 HRS 8 EA ESTRADIOL/NORETHIN ACE	01		RX		31.19		24.95		7/19/00
75-0525-08	COMBIPATCH TDM TD 0.05 MG-0.25 MG/24 HRS 8 EA ESTRADIOL/NORETHIN ACE	01		RX		31.19		24.95		7/19/00
38-1150-03	COPAXONE (S.D.V., W/DILUENT) PDI IJ 20 MG 32 EA GLATIRAMER ACETATE	01		RX		964.50		803.75		1/26/00
75-0016-00	DDAVP TAB PO 0.1 MG 100 EA DESMOPRESSIN ACETATE	01		RX		217.10		180.92		4/21/00
5-0026-00	DDAVP TAB PO 0.2 MG 100 EA DESMOPRESSIN ACETATE	01		RX		281.86		225.49		9/6/99
5-0945-02	DDAVP INJ IJ 15 MCG/ML 2.00 ml 5 EA DESMOPRESSIN ACETATE	01		RX		972.01		777.51		1/1/98

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
P.O. BOX 663  
MURSIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

NDI/HRN/UPC CAT NO. NDA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBG	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
075-2451-01 DA	DDAVP (AMP) INJ IJ 4 MCG/ML 1.00 ml 10 EA DESMOPRESSIN ACETATE	01	AP	RX		266.69		213.35		1/1/98
075-2451-53 DA	DDAVP (VAL) INJ IJ 4 MCG/ML 10.00 ml 1 EA DESMOPRESSIN ACETATE	01	AP	RX		270.00		216.00		1/1/98
075-2452-01 A	DDAVP SPR NS 0.01 MG/INH 5.00 ml 1 EA DESMOPRESSIN ACETATE	01	AB	RX		151.95		121.56		9/6/99
075-2450-01 A	DDAVP RHINAL TUBE SOL NS 0.01% 2.50 ml 1 EA DESMOPRESSIN ACETATE	01	BX	RX		85.06		68.05		9/6/99
39-0051-10 A	DIABETA TAB PO 2.5 MG 100 EA GLYBURIDE	01	BX	RX	1	40.14		33.45		1/26/00
39-0051-11 A	DIABETA TAB PO 2.5 MG 100 EA GLYBURIDE	01	BX	RX	1	40.14		33.45		1/26/00
39-0051-50 A	DIABETA TAB PO 2.5 MG 500 EA GLYBURIDE	01	BX	RX		172.74		143.95		1/26/00
39-0052-10 A	DIABETA TAB PO 5 MG 100 EA GLYBURIDE	01	BX	RX		73.62		61.35		1/26/00
39-0052-11 A	DIABETA TAB PO 5 MG 100 EA GLYBURIDE	01	BX	RX	1	73.62		61.35		1/26/00
39-0052-50 A	DIABETA TAB PO 5 MG 500 EA GLYBURIDE	01	BX	RX		308.58		257.15		1/26/00
39-0052-70 A	DIABETA TAB PO 5 MG 1,000 EA GLYBURIDE	01	BX	RX		552.00		460.00		1/26/00

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
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Please Respond By: 10/27/2000  
Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

NDCH/UPC CAT NO. NDA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
3039-0053-05 DA	DIABETA (PEACH) TAB PO 1.25 MG 50 EA GLYBURIDE	01	BX	RX		10.26		8.55		1/26/00
0075-9995-08 DA	GLIADEL IMP IP 7.7 MG 8 EA CARMUSTINE	01		RX		12,480.00		9,984.00		1/1/98
068-0277-61 DA	HIPREX TAB PO 1 GM 100 EA METHENAMINE HIPPURATE	01	AB	RX		131.10		109.25		1/26/00
585-0673-02 DA	INTAL (VIAL) SOL IH 10 MG/ML 2.00 ml 60 EA CROMOLYN SODIUM	01	AN	RX	1	61.58		51.32		1/26/00
585-0673-03 A	INTAL (VIAL) SOL IH 10 MG/ML 2.00 ml 120 EA CROMOLYN SODIUM	01	AN	RX	1	115.04		95.87		1/26/00
585-0675-01 A	INTAL INHALER ARO IH 0.8 MG/INH 14.20 gm 1 EA CROMOLYN SODIUM	01		RX		77.95		64.96		1/26/00
585-0675-02 A	INTAL INHALER ARD IH 0.8 MG/INH 8.10 gm 1 EA CROMOLYN SODIUM	01		RX		49.00		40.83		1/26/00
39-0060-11 A	LASIX TAB PO 40 MG 100 EA FUROSEMIDE	01	AB	RX	1	29.04		24.20		1/26/00
39-0060-13 A	LASIX (UNIT OF USE) TAB PO 40 MG 100 EA FUROSEMIDE	01	AB	RX		27.90		23.25		1/26/00
39-0060-50 A	LASIX TAB PO 40 MG 500 EA FUROSEMIDE	01	AB	RX		132.30		110.25		1/26/00
39-0060-70 A	LASIX TAB PO 40 MG 1,000 EA FUROSEMIDE	01	AB	RX		251.28		209.40		1/26/00

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THOMSON HEALTHCARE

## REDBOOK Product Listing Verification

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
O. BOX 663  
ARLIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

DCI/HI/UPC CAT NO. NDA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBG	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
39-0066-05	LASIX					22.56		18.80		1/26/00
A	TAB PO 80 MG 50 EA FUROSEMIDE	01	AB	RX						
39-0066-50	LASIX					213.84		178.20		1/26/00
A	TAB PO 80 MG 500 EA FUROSEMIDE	01	AB	RX						
39-0067-10	LASIX					19.92		16.60		1/26/00
A	TAB PO 20 MG 100 EA FUROSEMIDE	01	AB	RX						
39-0067-11	LASIX					20.94		17.45		1/26/00
A	TAB PO 20 MG 100 EA FUROSEMIDE	01	AB	RX	1					
39-0067-50	LASIX					94.02		78.35		1/26/00
	TAB PO 20 MG 500 EA FUROSEMIDE	01	AB	RX						
39-0067-70	LASIX					178.44		148.70		1/26/00
	TAB PO 20 MG 1,000 EA FUROSEMIDE	01	AB	RX						
5-0620-40	LOVENOX (SRN,PREFILLED) INJ IJ 40 MG/0.4 ML 0.40 ml 10 EA ENOXAPARIN SODIUM					244.63		195.70		12/6/99
5-0621-60	LOVENOX (SRN,PREFILLED) INJ IJ 60 MG/0.6 ML 0.60 ml 10 EA ENOXAPARIN SODIUM					367.38		293.90		12/6/99
5-0622-80	LOVENOX (SRN,PREFILLED) INJ IJ 80 MG/0.8 ML 0.80 ml 10 EA ENOXAPARIN SODIUM					489.84		391.87		12/6/99
5-0623-00	LOVENOX (SRN,PREFILLED) INJ IJ 100 MG/ML 1.00 ml 10 EA ENOXAPARIN SODIUM					612.30		489.84		12/6/99
5-0624-03	LOVENOX (AMP) INJ IJ 30 MG/0.3 ML 0.30 ml 10 EA ENOXAPARIN SODIUM					174.74		139.79		12/6/99

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
O. BOX 663  
MORRISON, NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

DCB#(N/UPC CATNO. YDA/ANDA etc/etic)	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	OBG	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
075-0624-30	LOVENOX (SRN, PREFILLED) INJ IJ 30 MG/0.3 ML 0.30 ml 10 EA ENOXAPARIN SODIUM	01		RX		183.48		146.78		12/6/99
375-0619-01	LOVENOX EASYINJECTOR SYSTEM DEV 1 EA DEVICE, INJECTION	03		RX		18.75		15.00		3/16/98
375-0082-00	LOZOL TAB PO 2.5 MG 100 EA INDAPAMIDE	01	AB	RX		115.71		92.57		9/6/99
75-0082-23	LOZOL TAB PO 2.5 MG 20,000 EA INDAPAMIDE	01	AB	RX		22,537.98		18,030.38		9/6/99
75-0082-99	LOZOL TAB PO 2.5 MG 1,000 EA INDAPAMIDE	01	AB	RX		1,142.55		914.04		9/6/99
5-0700-00	LOZOL TAB PO 1.25 MG 100 EA INDAPAMIDE	01	AB	RX		93.55		74.84		9/6/99
5-0700-99	LOZOL TAB PO 1.25 MG 1,000 EA INDAPAMIDE	01	AB	RX		920.88		736.70		9/6/99
5-1505-43	NASACORT ARD NS 55 MCG/INH 10.00 gm 1 EA TRIAMCINOLONE ACETONIDE	01		RX		41.89		34.91		9/6/99
5-1506-16	NASACORT AQ SPR NS 55 MCG/INH 16.50 gm 1 EA TRIAMCINOLONE ACETONIDE	01		RX		42.34		33.87		1/26/00
3-1110-35	NILANDRON (BLISTER PACK) TAB PO 50 MG 90 EA NILUTAMIDE	01		RX		262.74		218.95		1/26/00
1-0007-01	NORPRAMIN TAB PO 10 MG 100 EA DESIPRAMINE HYDROCHLORIDE	01	AB	RX		62.52		52.10		1/26/00

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
O. BOX 663  
ARSISSPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

ICCHRI/UPC CAT NO: ANDA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY, GENERIC DESCRIPTION	PT	DBG	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
068-0011-01	NORPRAMIN TAB PO 25 MG 100 EA DESIPRAMINE HYDROCHLORIDE	01	AB	RX		75.12		62.60		1/26/00
068-0015-01	NORPRAMIN TAB PO 50 MG 100 EA DESIPRAMINE HYDROCHLORIDE	01	AB	RX		141.42		117.85		1/26/00
068-0019-01	NORPRAMIN TAB PO 75 MG 100 EA DESIPRAMINE HYDROCHLORIDE	01	AB	RX		180.00		150.00		1/26/00
068-0020-01	NORPRAMIN TAB PO 100 MG 100 EA DESIPRAMINE HYDROCHLORIDE	01	AB	RX		236.52		197.10		1/26/00
068-0021-50	NORPRAMIN TAB PO 150 MG 50 EA DESIPRAMINE HYDROCHLORIDE	01	AB	RX		171.36		142.80		1/26/00
68-0106-61	NOVAFED A CER PO 8 MG-120 MG 100 EA CPM/PSEUDOEPH	01		RX		66.72		55.60		1/26/00
75-0640-05	ONCASPAR (S.D.V., P.F.) INJ U 750 IU/ML 5.00 ml 1 EA PEGASPARGASE	01		RX		1,391.21		1,112.97		1/1/98
75-5100-50	PENETREX TAB PO 200 MG 50 EA ENOXACIN	01		RX		163.52		136.27		9/6/99
75-5140-50	PENETREX TAB PO 400 MG 50 EA ENOXACIN	01		RX		171.71		143.09		9/6/99
8-2100-03	PRIFTIN TAB PO .150 MG 32 EA RIFAPENTINE	01		RX		87.96		73.30		11/2/98
8-2150-57	REFLUDAN (VAL) PDI U 50 MG 10 EA LEPIRUDIN	01		RX		1,310.40		1,092.00		1/26/00

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99 INTERPACE PARKWAY  
O. BOX 663  
ARSPIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

DCB# / UPC CAT# NDA / ANDA STRENGTH	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBQ	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
68-0508-30	RIFADIN	01	AB	RX		63.36		52.80		11/23/93
A	CAP PO 300 MG 30 EA RIFAMPIN									
68-0508-60	RIFADIN	01	AB	RX		126.66		105.55		11/23/93
A	CAP PO 300 MG 60 EA RIFAMPIN									
68-0508-61	RIFADIN	01	AB	RX		211.20		176.00		11/23/93
A	CAP PO 300 MG 100 EA RIFAMPIN									
68-0510-30	RIFADIN	01	AB	RX		44.70		37.25		11/23/93
A	CAP PO 150 MG 30 EA RIFAMPIN									
68-0597-01	RIFADIN IV (VIAL) POI I 600 MG 1 EA RIFAMPIN	01	AP	RX		79.38		66.15		11/23/93
58-0509-60	RIFAMATE	01		RX		145.92		121.50		11/23/93
A	CAP PO 150 MG-300 MG 60 EA INVRIFAMPIN									
38-0576-41	RIFATER	01		RX		108.00		90.00		10/3/94
	TAB PO 50 MG-300 MG-120 MG 60 EA INH/PYRAZINAMIDE/RIFAMPIN									
5-7700-60	RILUTEK (CAPLET) TAB PO 50 MG 60 EA RILUZOLE	01		RX		873.53		698.82		9/6/99
5-0057-62	SLO-BID GYROCAPS C12 PO 50 MG 100 EA THEOPHYLLINE	01	BC	RX	1	24.53		20.53		7/1/98
5-0100-00	SLO-BID GYROCAPS C12 PO 100 MG 100 EA THEOPHYLLINE	01	AB	RX		31.49		26.24		9/6/99
5-0100-62	SLO-BID GYROCAPS C12 PO 100 MG 100 EA THEOPHYLLINE	01	AB	RX	1	30.43		25.36		7/1/98

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VENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
O. BOX 663  
ARLIPPANY NJ 07054

Please Respond By: 10/27/2000  
Contact Name: PAULINE CHRENKO  
Phone Number: 973-394-6000

DOC/HR/UPC CAT NO. NDA/ANDA STAT/CS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBG	DEA	UD	AWP	DRP	WAC	SRP	Effective Date
075-0100-99	SLO-BID GYROCAPS DA C12 PO 100 MG 1,000 EA THEOPHYLLINE	01	AB	RX		302.80		252.33		9/6/99
075-0200-00	SLO-BID GYROCAPS DA C12 PO 200 MG 100 EA THEOPHYLLINE	01	AB	RX		46.97		39.14		9/6/99
075-0300-00	SLO-BID GYROCAPS DA C12 PO 300 MG 100 EA THEOPHYLLINE	01	AB	RX		55.94		46.62		9/6/99
075-1075-52	SLO-BID GYROCAPS DA C12 PO 75 MG 100 EA THEOPHYLLINE	01	BC	RX	1	27.73		23.11		7/1/98
075-1125-00	SLO-BID GYROCAPS DA C12 PO 125 MG 100 EA THEOPHYLLINE	01	AB	RX		39.46		32.88		9/6/99
075-1125-62	SLO-BID GYROCAPS A C12 PO 125 MG 100 EA THEOPHYLLINE	01	AB	RX	1	36.72		30.60		7/1/98
075-0351-68	SLO-PHYLLIN TAB PO 100 MG 100 EA THEOPHYLLINE	01		RX		23.04		19.20		9/6/99
075-0352-68	SLO-PHYLLIN TAB PO 200 MG 100 EA THEOPHYLLINE	01		RX		30.60		25.50		9/6/99
075-3650-16	SLO-PHYLLIN 80 (A.F.) SYR PO 80 MG/15 ML 480.00 ml 1 EA THEOPHYLLINE	01	AA	RX		26.48		22.07		9/6/99
075-0357-16	SLO-PHYLLIN GG (A.F.) SYR PO 90 MG-150 MG/15 ML 1.00 pt 1 EA GG/THEO	01		RX		47.33		39.44		9/6/99
075-9051-10	SYNERCID PDI W 350 MG-150 MG 10 EA DALFOPRISTIN/QUINUPRISTIN	01		RX		1,031.28	859.40			10/22/99

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MEDICAL ECONOMICS  
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AVENTIS PHARMACEUTICALS  
99 INTERPACE PARKWAY  
P.O. BOX 663  
WATERSIPPANY NJ 07054

Please Respond By: 10/27/2000

Contact Name: PAULINE CHEREK  
Phone Number: 973-394-6000

ITEM# CAT NO. NDA / ANDA STATUS	PRODUCT NAME, ADDITIONAL DESCRIPTION, FORM ROUTE OF ADMINISTRATION, STRENGTH, SIZE, QTY GENERIC DESCRIPTION	PT	DBC	DEA	UD	AWP	DIRP	WAC	SRP	Effective Date
075-8001-20 A	TAXOTERE (S.D.V. W/DILUENT) INJ IJ 20 MG/0.5 ML 0.50 ml 1 EA DOCETAXEL	01		RX		298.59			238.86	12/6/99
075-8001-80 A	TAXOTERE (S.D.V. W/DILUENT) INJ IJ 20 MG/0.5 ML 2.00 ml 1 EA DOCETAXEL	01		RX		1,194.30			955.44	12/6/99
068-0697-61 A	TENUATE TAB PO 25 MG 100 EA DIETHYLPROPION HYDROCHLORIDE	01	AA	CIV		47.82			39.85	1/26/00
068-0698-61 A	TENUATE DOSPAN TER PO 75 MG 100 EA DIETHYLPROPION HYDROCHLORIDE	01	BC	CIV		120.06			100.05	1/26/00
068-0698-62 A	TENUATE DOSPAN TER PO 75 MG 250 EA DIETHYLPROPION HYDROCHLORIDE	01	BC	CIV		291.84			243.20	1/26/00
85-0685-02 A	TILADE ARD IH 1.75 MG/INH 16.20 gm 1 EA NEDOCROMIL SODIUM	01		RX		39.14			31.31	1/26/00
39-0078-10 A	TRENTAL TER PO 400 MG 100 EA PENTOXIFYLLINE	01	AB	RX		71.40			59.50	1/26/00
39-0078-11 A	TRENTAL TER PO 400 MG 100 EA PENTOXIFYLLINE	01	AB	RX	1	74.52			62.10	1/26/00

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